Identifying key areas for active interprofessional learning partnerships

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Published in:
Journal of Interprofessional Care

DOI:
10.1080/13561820.2016.1218829

Publication date:
2016

Document Version
Peer reviewed version

Identifying Key Areas for Active Interprofessional Learning Partnerships: a Facilitated Dialogue

Abstract

Introduction: Student and service user involvement is recognised as an important factor in creating interprofessional education (IPE) opportunities. We used a team based learning approach to bring together undergraduate health professional students, early career professionals (ECP), public partners, volunteers and carers to explore learning partnerships. **Methods:** Influenced by evaluative inquiry this qualitative study used a free text response to allow participants to give their own opinion. 153 participants (50 public partners and 103 students and professionals representing 11 healthcare professions) took part. Participants were divided into mixed groups of six (n=25) and asked to identify areas where students, professionals and public could work together to improve health professional education. Each group documented their discussions by summarising agreed areas and next steps. Responses were collected and transcribed for inductive content analysis. **Results**: Seven key themes (areas for joint working) were identified: communication, public as partners, standards of conduct, interprofessional education, quality improvement, education, learning environments. **Conclusion**: The team based learning format enabled undergraduate and postgraduate health professionals to achieve consensus with public partners on areas for inter-professional education and collaboration. Some of our results may be context specific but the approach is generalizable to IPE in other areas.

Key Words: Interprofessional collaboration; interprofessional education; continuing education; healthcare; faculty development; service users; collective learning

Introduction

Student initiated interprofessional education (IPE) is essential to the propagation of IPE efforts (Hoffman, Rosenfield, Gilbert, & Oandasan, 2008). Involving patients is also recommended but needs to go beyond providing passive illustrations of conditions or problems. For the sake of brevity the term patients includes "all people with health problems (service users, clients, consumers, survivors etc.), their carers (including parents and families) and health people (community members, lay people, well women etc.)" (Towle et al., 2010). Active involvement of patients means the involvement of people who are engaged in teaching, assessment or curriculum development because of their expertise and experiences of health, illness or disability and who are aware that they have designated teaching roles. The literature on patient involvement lacks evidence about long term outcomes or sustainability. Developing coordinated and sustained programmes for patient involvement requires facilitated dialogue that reduces the power differential between health professionals and patients (Katz, Conant Jr, Inui, Baron, & Bor, 2000; Scheyett & Kim, 2004)

This study aimed to investigate the views of undergraduate healthcare students, early career professions (ECPs) and public partners through a meeting on 'Team Working to Improve Health'. The event was designed to address one key research question about the process of patient involvement: What are the similarities, differences and tensions between what patients, students and faculty members want to teach and learn from one another?

Methods

Design

This is a qualitative study which draws upon the principles of evaluative inquiry (Preskill & Torres, 1999). Evaluative inquiry brings together stakeholders with diverse perspectives to discuss an important topic, and co-construct solutions. It is underpinned by social constructivist philosophy and, although typically associated with educational methods, also provides a useful lens for

research.

Data Collection

Healthcare students and ECPs (n=103, representing 11 health care professions) from the University of Dundee, Robert Gordon University Aberdeen and NHS Tayside, Scotland were invited to participate in a workshop along with public partners and volunteers (n=50). Attendance was voluntary and the workshop venue was chosen for its suitability for team based discussion; seating was organised in groups of up to seven people (McMahon, 2010). NHS Tayside Public Partners are people who have a keen interest in health services. They participate in a variety of activities and will challenge NHS proposals, contribute to decision making and act as a sounding board for NHS Tayside by giving their views in the development of strategies and policies and in the redesign of services. The NHS Tayside volunteers are people who give freely of their time to make a valuable contribution to the quality of life of patients and families by providing a range of services across Tayside.

The public partners and volunteers come from diverse backgrounds and bring their own life experiences to their roles. Public partners and volunteers were advised of the learning partnership activity and expressed their interest to participate. Participants were pre-allocated to 25 mixed teams of public partners, students and ECPS from at least three different professions. Teams were given an hour to complete the following task: Through discussion identify and agree at least one area that students, ECPs, volunteers and public partners could work together to develop the teaching and training of health professionals. Participants captured their discussions on flipchart paper which was retained by the research team following the workshop.

Data Analysis

Data from the flipchart paper was transcribed. We used an inductive rather than a deductive approach to analysis because there were few previous studies and the results were fragmented (Elo

& Kyngas, 2008; Towle, et al., 2010). The inductive content analysis plan was written by an experienced qualitative researcher (JB). Two authors (KS, PD) independently read through the transcript line by line and wrote a code next to each segment of data. The code was a simple label that summarised the segment of data (e.g. role clarification, information gathering, getting to know the person). Both reviewers created a separate document with a list of all codes. Once this was complete each reviewer independently organised the codes into higher order categories and then tabled these categories by team numbers. Data segments from the transcripts were pasted into the table under the relevant category. The two tables of results were then reviewed and discussed by three authors (KS, PD, and FM) to write a final report for developing health professional training.

Ethical Considerations

The project was carried out according to the ethical standards upheld by the University of Dundee.

Results

There were 153 participants including 50 public partners and 103 students or ECPs representing 11 healthcare professions (dentistry, medicine, nursing, nutrition & dietetics, occupational therapy, orthoptics, pharmacy and physiotherapy). Seven key areas where students, ECPs and/or public partners could work together were identified: communication; standards of conduct; interprofessional education/teamwork; learning environments/placements; quality improvement (QI); continuum of education; patient/public as partners

Interprofessional learning

IPE was recognised as a valuable opportunity for interprofessional learning and there was shared commitment to collaboration across professions, as the following quote illustrates: “Everyone felt that interprofessional learning is important […] greater team-working means that all members of the team have a greater understanding of each other’s roles” (Team 14).

Communication

The development of communication skills was identified by 24 teams as a priority area for involving public partners. Teams highlighted opportunities for role play and feedback, with *"students learning how to explain thing in simple terms rather than medical jargon"* (Team 4).

Standards of conduct

Improving training around values (honesty, equality, confidentiality, empathy, patience and resilience) was raised by 19 teams. This included learning to "*listen to the patient voice – stop fitting the patient into the system"* (Team 20). It was also suggested that including public partners in education could challenge hierarchies and *"break* [the] *fear of asking professionals' questions/ questioning treatments"* (Team 20).

Learning environments and placements

Twelve teams wanted enhanced learning opportunities in different contexts, e.g. volunteering or *"increasing community placements for students to see patients in their own environment"* (Team 2). Others suggested using simulated interprofessional learning to improvement teamwork.

Quality improvement

QI was highlighted by 16 teams as important at undergraduate and postgraduate level. Suggestions included, "*making QI modules and projects compulsory"* (Team 3) and also, "*allowing healthcare users to feedback/ suggest improvements and getting feedback on the outcomes that resulted from their suggestions"* (Team 18).

Continuum of education

Thirteen teams raised issues around education, five of these highlighting the educational process as a continuum. It was suggested that ECPs could advise undergraduate curriculum staff about 'aspects

of professions that should be emphasised or added to the course' (Team 6). Similarly, undergraduate students were seen as having the potential to *"take learning into the workplace and teach professionals"* (Team 10). Continuing professional development (CPD) emerged as a challenge, particularly how to increase engagement and make it less 'formulaic' (Team 1).

Patient/public as partners in education and training

Nineteen groups made suggestions for public and patient partnership. Ten teams focused on public involvement in curriculum planning. For example, 'involve patients in student education directly' (Team 20). Nine teams focused on learning about identification and management of vulnerable patients. For example, *"develop simulated learning* […] *to mimic the real world setting'* (Team 24).

Discussion

These themes reflect the outcomes described by IPE frameworks in the UK, Canada, Australia and the USA ((Thistlethwaite et al., 2014). Interprofessional teams of students, ECPs and public partners are cognisant of the need for improved training in areas known to be important to collaborative care and can identify practical solutions to improve standards within local health care departments. Involvement of public partners in education could be a way forward, as well as enhancing collaboration across the undergraduate-postgraduate divide. The continuum of health professions' education is important in the development of professional accreditation standards, communication skills training and social accountability (Andrew, Oswald, & Stobart, 2014; Brown, 2012; Fleet et al., 2008; Leggio, Hudson, & Kanto, 2009). However, research suggests a decline in the attitude of postgraduates towards team-working once they enter the workplace and the importance of in-service IPE to sustain attitudes (Makino et al., 2013). Events such as this Team working conference may assist with this.

The next steps in this project involved inviting participants to attend a meeting to discuss these results and agree on next steps. Two work-streams were formed, 'Learning Partnerships' to build on educational developments and 'Improvement Partnerships' to work on healthcare improvement projects.

The limitations of the present study include the small number of participants in exploring the views of undergraduate healthcare students, early career professions (ECPs) and public partners through a meeting on 'Team Working to Improve Health' within one organisation. The study was intended to explore and gain an understanding of the situation to provide a rich description so that readers can see whether the study is applicable to their situation, or not. It may in turn become a tentative foundation for further research.

Concluding comments

Team based learning enables academic institutions and healthcare systems to work together with the public to identify areas for IPE at undergraduate and postgraduate level. Developing managed and sustainable programmes for patient involvement will require assisted discussion to develop patient involvement curricula and genuine partnerships at an institutional level. Involving ECPs provides ideas about how IPE could contribute to their own education, training and CPD. There is a need to improve collaboration and integration across the undergraduate and postgraduate divide in the health professions, particularly around healthcare improvement and CPD. The next phase of our research will evaluate the impact of students and ECPs as change agents for healthcare improvement. In education we will work with students and ECPs to gather stories of patient experience that will be used in education as well as in service improvement.

Declaration of interest

The authors report no conflicts of interest. The authors are responsible for the writing and content of this paper.

Acknowledgement

We are grateful to the Academic Health Sciences Partnership in Tayside for their support of this meeting.

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